

PREAMBLE

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In recent years, there has been a significant increase in the incidence of malignant thyroid tumors worldwide. The main reasons are the improvement and availability of diagnostic procedures such as ultrasound and fine needle aspiration cytology (FNAC), which have become the gold standard in diagnostics.

At the same time, there have been significant changes in the treatment of thyroid disease. The extent of thyroid surgery, management of clinically negative neck and indications for the use of iodine-131 are procedures that today provoke a lot of debate in order to apply more sparing procedures with the best possible therapeutic effect.

A lot of attention was paid to the development of targeted therapies in the treatment of more aggressive forms of the disease with a poorer prognosis probably due to protein mutations, mainly tyrosine kinase enzyme that plays a significant role in tumor growth and proliferation. The discovery of new, targeted therapies and improved understanding of thyroid carcinogenesis has led to great interest in the use of biologically targeted drugs and in the treatment of thyroid cancer, primarily in the treatment of medullary thyroid cancer as well as differentiated thyroid cancer refractory to radioactive iodine.

Genetic testing and a personalized approach that takes into account variability in the genetic characteristics, environment and lifestyle are increasingly present in the treatment of tumors in general and have their place in the treatment of thyroid cancer. Optimal treatment of thyroid tumors is possible only by a multidisciplinary approach that includes a variety of specialties such as nuclear medicine specialists, head and neck surgeons, endocrinologists, radiologists, oncologists, geneticists, speech therapists and others.

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